



## Food Establishment Plan Review Application

Name of Establishment: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

Person to Contact and Title: \_\_\_\_\_

Contact telephone and email: \_\_\_\_\_

Projected opening date for business: \_\_\_\_\_

105 CMR 590.011 requires the Board of Health to deny or grant approval of food establishment plans within thirty (30) days of upon submission of said plans. This thirty-day (30) time period begins when a complete application has been submitted to the Health Department.

In the event a denial letter is issued, you are entitled to a hearing in this matter. Written request for such a hearing must be received by this office within ten (10) days of receipt of this letter, as specified in 105 CMR 590.015(B).

I, \_\_\_\_\_, have read and understand the contents/requirements of this application packet and agree to the provisions listed above and contained within.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please ensure you have checked in with the Town Clerk to apply for a Business Certificate before submitting this application. Also, please contact the Building Department and Fire Department to apply for any permits or inspections you may need.

### Overview of the Health Department Process:

- Submit complete application
- Submit appropriate fees
- Be available to answer any questions the Health Department may have while reviewing the plans
- Schedule a pre-operational inspection once all construction/renovation work is complete



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*Charles E. Shepard Municipal Building*

-Your Food Establishment Permit will be issued when all authorities have signed off and certified that all work has been completed in compliance with all applicable codes and regulations.

**Include the following with this application:**

1. Floor plan to scale. Must show all floor mounted and table mounted equipment to show the flow of food within the establishment. Must show all food preparation, storage, and service areas (including function rooms and butler pantries). Must show all handwashing and warewashing sinks. Plan should also include a finishing schedule.
2. Manufacturer's Specification Sheets for all equipment (must be commercial grade, ANSI/NSF)
3. Food Protection Manager certificate and Allergen Awareness Certificate. These should be held by the same person, and this will be considered the Person in Charge of Food Safety for your establishment. If this person changes, you must notify us within 30 days pursuant to 105 CMR 590.000.
4. Choke Saver or CPR certificates (for establishments with more than 25 seats, at least one person trained in manual choke saving techniques is required to be at the establishment during all hours of operation)
5. Provide a copy of all printed menus (take-out, catering, banquet, etc.) which must include the consumer advisory and allergen statement



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6. Copy of signed contract with licensed pest control company
7. Copy of signed contract with a licensed offal hauler to remove grease from the establishment (yellow grease and grease traps)
8. For establishments with private well water or private septic, please contact the Health Department before proceeding.
9. Tobacco Sales permit is required if tobacco is to be sold, please contact the Health Department for this application.

**Contact the Health Department with any questions along the way!**

### Food Establishment Information

Name of establishment: \_\_\_\_\_

Business address: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Business telephone: \_\_\_\_\_

Business/Licensing email: \_\_\_\_\_

Person in charge (PIC) of daily operations: \_\_\_\_\_

PIC telephone: \_\_\_\_\_

PIC email: \_\_\_\_\_

Owner name: \_\_\_\_\_

If a corporation or partnership: Give title, name, address and telephone of officers or partners:

P.O. Box 478  
48 HIGH STREET  
WARREN, MA 01083-0478

TEL: 413-436-5701



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Number of indoor seats: \_\_\_\_\_ Number of outdoor seats: \_\_\_\_\_

Total square feet: \_\_\_\_\_ Number of food employees: \_\_\_\_\_

Days of operation (please circle): Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Hours of operation: \_\_\_\_\_

Location (permanent structure or mobile): \_\_\_\_\_

If mobile, name and address of commissary/leased commercial kitchen:

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### Check all that apply as additional requirements will be needed:

Catering \_\_\_\_\_ Non-continuous cooking \_\_\_\_\_

Delivery \_\_\_\_\_ Sushi/Sushi rice \_\_\_\_\_

Soft Serve \_\_\_\_\_ Smoking/Curing \_\_\_\_\_

Sous Vide \_\_\_\_\_ Fermentation \_\_\_\_\_

Private well \_\_\_\_\_ Private sewer \_\_\_\_\_

Trash hauler: \_\_\_\_\_ Telephone: \_\_\_\_\_

Grease trap hauler: \_\_\_\_\_ Telephone: \_\_\_\_\_

Yellow grease hauler: \_\_\_\_\_ Telephone: \_\_\_\_\_

[BOH@warren-ma.gov](mailto:BOH@warren-ma.gov)

(413)-436-5701 X112

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Pest Management: \_\_\_\_\_ Telephone: \_\_\_\_\_

Food ordered from: \_\_\_\_\_

Number of deliveries per week: \_\_\_\_\_

Type of sanitizer used for food contact surfaces: \_\_\_\_\_

Is dish machine heat sanitizing or chemical sanitizing? \_\_\_\_\_

Describe any customer self-service areas within the establishment (include buffet)

\_\_\_\_\_  
\_\_\_\_\_

If using a company to clean and service an ice machine, list name and telephone for company: \_\_\_\_\_

If using a laundering company, list name and telephone for company:

\_\_\_\_\_

**\*Must include copies of Food Safety Manager Certificate, Allergen Awareness Certificate and Chokesaver / CPR certificate (if more than 25 seats)**